DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

IN REPLY REFER TO

OPNAVINST 1100.6
N732
18 MAY 1995

OPNAV INSTRUCTION 1100.6

From: Chief of Naval Operations

Subj: PSYCHOLOGICAL SCREENING OF RECRUITS

Ref: (a) AR 40-501 Physical Standards for Enlistment, Recruitment and Induction (NOTAL)
(b) Diagnostic and Statistical Manual (NOTAL)
(c) Memorandum of Understanding between Navy and Air Force, WHMC

Encl: (1) Navy-AFMET Standard Operating Procedure
(2) Technical Review Board

1. Purpose. To provide policy, standard operating procedures, and responsibilities for psychological screening of recruits.

2. Background. In fiscal year 1989, the Navy launched an aggressive counter-attrition campaign to stem overall first term attrition which had reached a high of 34 percent. A significant portion of that attrition was due to failure to perform on the job because of psychological/psychiatric disorders. In that light, the Navy-Air Force Medical Evaluation Test (N-AFMET) was implemented in October 1991. The goal of this screening process was to identify equitably, methodically and reliably early in training those recruits most likely to attrite for dysfunctional behavior due to psychological/psychiatric disorders.

3. Description. N-AFMET is comprised of the following phases:

a. Phase I uses the History Opinion Inventory Revised (HOI-R) to document a biographical history of incoming recruits. The HOI-R assesses factors such as school and job problems, over concern with health, emotional instability, antisocial behavior, family dysfunction, withdrawn behavior, conflict with authority, and immaturity. Recruits are identified for further evaluation in Phase II.

b. Phase II consists of the NEO Five Factor Personality Inventory (NEO FFPI) and the Standardized Report Interview (SRI). The NEO measures mental health through such indications as neuroticism, extraversion, openness, agreeableness and conscientiousness. The SRI, a brief structured interview, collects psycho-social data. Once again some recruits are identified for further evaluation.

c. Phase III is a mental health evaluation by a licensed mental health provider. In the third phase, a diagnosis of a psychological disorder leads to separation from the Navy.

d. Phase Scoring. Scores beyond the critical cut-off criteria in any of the phases result in referral to the next phase. In the third phase, a diagnosis of a psychological disorder leads to separation from the Navy.

4. Policy. Psychological screening provides the fleet with a quality sailor capable of performing in the naval environment and of acquiring the necessary skills to maintain fleet readiness. Accordingly:

a. Recruits deemed to have any disqualifying psychological disorders as dictated by reference (a) will be mandatorily processed for separation.

b. Severe adjustment disorders as established in reference (b) and lack of motivation to adopt appropriate coping skills are also designated as disqualifying factors.

c. If a recruit's psychological status does not reflect a clearly diagnosable condition per reference (b), any doubt will be resolved in favor of the recruit who will be returned to duty. Command leadership provides the necessary counseling to give recruits the opportunity to complete their enlistment.

d. Actuarial data obtained from Phases I and II are to be used only to refer recruits from one phase to another and not to process for separation. Recruits in Phase I and II are considered "well persons" and simply participants in the screening process.

e. Reasons for separation and separation codes are prioritized in enclosure (1).

f. Phase I will follow Moment of Truth and the two processes will not be intermingled.

g. Only N-AFMET personnel will administer N-AFMET. Recruit Division Commanders and Recruit Quality Assurance Teams (RQUAT) personnel are excluded from N-AFMET Phase I and II administration to preclude compromise of the inventory instruments.

h. Phase II is to be conducted immediately following Phase I.

i. Phases I and II will be completed within 2 working days of arrival. Phase III will be completed before the end of in-processing.

j. Recruits identified for Phase III evaluation will normally proceed with in-processing until the clinician makes a final recommendation. If medical conditions warrant, recruits may be removed from their company and placed in a "hold" category until the clinician makes a final recommendation.

k. The N-AFMET database is owned by the Navy and archived by the Air Force at Wilford Hall Medical Center at Lackland Air Force Base. It will only be accessed through written permission from the Technical Review Board listed in enclosure (2).

5. Screening Procedures. Procedures and required formats are detailed in enclosure (1).

6. Memorandum of Understanding. Under reference (c), Wilford Hall Medical Center (WHMC):

a. Has authorized naval use of procedures and assessment instruments endemic to AFMET.

b. Will manage, maintain, and analyze the N-AFMET central database.

c. Will validate, normalize and revise the HOI-R as determined necessary by N-AFMET Technical Review Board.

d. Will provide an end of fiscal year summary report no later than 31 January.

e. Will analyze naval data and a Navy-approved presentation/publication of N-AFMET results in relation to performance indicators.

f. Will revise N-AFMET within a 3-year cycle.

g. Will verify testing data in coordination with Navy Recruit Evaluation Units (REUs).

h. Will train N-AFMET cognizant personnel.

i. Will co-chair N-AFMET Technical Review Board with Chief of Naval Operations (Director of Naval Training (N732)).

7. Responsibilities

a. Chief of Naval Operations, Director of Naval Training (N7):

(1) Establishes N-AFMET policy.

(2) Chairs N-AFMET Technical Review Board.

(3) Resources and supports N-AFMET through the Program Objective Memorandum (POM) process.

b. Chief of Naval Education and Training (CNET):

(1) Administers the N-AFMET program, i.e., provides the budget for the program, provides facilities to conduct Phases I and II, and arranges the scheduling of recruits for Phases I and II.

(2) Funds approved Air Force Personnel site visits, trains cognizant Navy personnel and hosts annual meeting of the NAFMET Technical Review Board.

(3) Funds and approves support materials and equipment.

(4) Participates in the N-AFMET Technical Review Board.

c. Bureau of Medicine and Surgery (BUMED):

(1) Executes N-AFMET per enclosure (1).

(2) Provides clinicians and psychiatric technicians required to support N-AFMET.

(3) Participates in the N-AFMET Technical Review Board.

(4) Is responsible for maintaining N-AFMET interview record for a period of 3 years. Disposition of record is to be by shredder.

(5) Executes quality assurance through annual visits to the Recruit Evaluation Units (REUs) and application of criteria specified at enclosure (1).

8. Report. The reporting requirement contained in paragraph 6d is exempt from reports control by SECNAVINST 5214.2B.

9. Forms

a. WHMC 3547 (Jan 93), History Opinion Inventory, is provided by:

Chief of Psychology Research Service
WHMC/PSCPF
2200 Berquist Drive, Suite 1
Lackland Air Force Base, Texas 78236

b. WHMC 3549 (Mar 93), N-AFMET II and III, is provided by:
Chief of Psychology Research
WHMC/PSCPF
2200 Berquist Drive, Suite 1
Lackland Air Force Base, Texas 78236

c. SF 600 (5-84), Chronological Record of Medical Care, NSN 7540-00-634-4176, is available from GSA.

JAMES B. HINKLE
Deputy Director of Naval Training

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NAVY-AIR FORCE
MEDICAL EVALUATION TEST

MANUAL OF
STANDARD OPERATING PROCEDURES

last day of each month (enclosure (2) of reference (a))

Navy-Air Force Medical Evaluation Test
Standard Operating Procedures Manual

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GENERAL INFORMATION

BACKGROUND

Historically, psychological attrition has accounted for a major portion of all attrition during Navy recruit training. In FY90, psychological attrition reached a peak, accounting for 48 percent of total medical attrition. In an effort to prevent unnecessary expenditures of training resources, it was determined that earliest possible identification of individuals with psychological disorders was the best method to prevent unnecessary expenditures of training resources.

After some research, we learned that the Air Force had been using a psychological screening test for over 15 years called the "Air Force Medical Evaluation Test" (AFMET), identified recruits most likely to attrite from basic military training.

The Navy adopted AFMET in FY91 and modified it to what is now known as the Navy-Air Force Medical Evaluation Test, or N-AFMET. The N-AFMET procedure was first administered in October 1991 (FY92).

TEST CONSTRUCTION - OVERVIEW

N-AFMET is actually a three-phased evaluation tool administered by the staff of the Recruit Evaluation Unit (REU). The phases are:

Phase I: Administration of the History Opinion Inventory-Revised (HOI-R).

All recruits complete the Wilford Hall Medical Center Form 3547 (WHMC #3547) questionnaire upon reporting to the Recruit Training Command, usually within 5 days of arrival. Recruits who score above the designated critical score on the HOI-R are screened by a psychiatric technician. Recruits whose responses are determined to be valid move on to Phase II. Recruits who misread, misinterpreted or mismarked critical HOI-R items have those responses "redlined" or marked as clinically nonsignificant by a technician. Redlined recruits who have no other significant items are returned to duty with their units.

Phase II: Administration of the NEO Five Factor Inventory.

The NEO Five Factor Inventory, known more simply as the "the NEO", is a brief 60 item test which can be completed in 10 to 15 minutes by an adult who has at least a 6th grade reading level. The NEO provides a quick, reliable, and valid measure of the five domains of the adult personality. It is administered to all recruits referred to Phase II. Referral to Phase III is determined by scores on specified NEO subscales and/or responses to critical items on the HOI-R. Phase II recruits are screened by a psychiatric technician and either returned to duty (with no further action required) or referred to Phase III.

Phase III: Administration of the Structured Report Interview (SRI)/Interview by a Navy Clinical Psychologist.

Any number of actions could follow this phase, including:

- Return to duty (no further action required).
- Trial of duty (with an appointment for recall at a specified calendar date for further evaluation). Or,
- Recommendation to the commanding officer for administrative separation on the basis of a psychiatric diagnosis.

Note: Experience has shown that the N-AFMET procedure is sensitive to alterations in procedure. N-AFMET personnel in charge should take extra effort to coordinate their activities with the AFMET contractor and follow quality assurance guidelines on a continuous basis.

recall to active duty via NAVPERS 1306/7 to Pers

NAVY-AIR FORCE MEDICAL EVALUATION TEST (N-AFMET) ADMINISTRATION PROCEDURES

PHASE I: Administration of the History Opinion Inventory-Revised (HOI-R).
(For medical accounting purposes, Phase I is considered screening.)

Materials needed: 1 Briefcase
2 #2 pencils for each recruit
1 HOI-R Test Sheet for each recruit

1. The technician coordinates with the Moment of Truth (MOT) staff to obtain information about the size, time and place for this screening session. Generally in-processing recruits are administered the HOI-R following MOT.

2. Before the technicians go to the designated testing site, they are to ensure that they have all required materials and have checked their destination on the N-AFMET schedule.

3. The technicians report to the survey site 10 minutes prior to the start of the session.

4. The technician introduces him/herself and explains what clinic he/she is from. Example:

"My name is _____.

I'm from the Recruit Evaluation Unit (REU) and today I will give you an opinion survey.

The actual name of the survey is the history of Opinion Inventory or HOI-R.

The survey consists of a series of statements to which you are to respond according to how they apply to you -- in your own opinion.

Answer truthfully. There are no right or wrong answers.

Your RDC will not see your responses to any of the statements.

There will be no talking during this session.

If you have any questions, raise your hand and wait to be recognized.

When called upon, state your question loudly and clearly.

Is there anything that is unclear to anyone?

Are there any questions before we begin the survey?"

5. The technician passes out the HOI-R survey form and pencils. Responses to a series of statements are indicated directly on the form by placing pencil marks in the appropriate space on the HOI-R answer sheet. Then says,

"Lay the survey on your desk, with black lines to the left.

6. The psychiatric technician reads the Privacy Act Statement aloud. Then says,

"Now you read and sign the Privacy Act Statement."

7. Before the recruits are allowed to begin responding to the items, they need to complete the identification data. The technician will take them step-by-step through data.

8. After all the identification data is completed, the technician will give the recruits a few seconds to review their responses to ensure that the data is correct. Example:

"Everyone stop and check your work.

Make sure you filled in all the information we just talked about, and filled in the corresponding bubbles."

Next, the technician emphasizes the need to respond to every question. Example:

"Before we move on to the survey statements, there are a few things I need to cover with you.

It is important to respond to every statement.

If there are questions that you skipped, go back and answer them now.

Be honest in your responses. As I have said, there are no right or wrong answers."

9. The technician makes sure that everyone is ready. When answering any questions the recruits might have, the technician emphasizes that the response be the recruit's own opinion.

10. When the recruits have completed the survey, the technician collects and counts the answer sheets and the recruits present to ensure all surveys have been handed in. The number of respondents and answer sheets are further matched against statistics provided by the electronic scanner-based scoring program. This procedure serves as a means of accounting for each answer sheet and avoids duplication.

11. The HOI-R score is quickly obtained by the technician through a batch-scoring process using the optical scanner. The scoring results determine the Phase II population.

place of duty. Local Reserve activities are a source

12. Recruits who produce valid scores below the cut-off are returned to duty, provided they had no other clinically significant history or responses (see page 9). To this point, no health record entries are made.

13. The flagged recruits review a computer print-out of their responses to HOI-R critical items and briefly elaborate on them in their own handwriting. Items determined by the technician to have been misread, mismarked or misinterpreted by a recruit, are corrected (redlined) and the recruit is returned to duty.

14. Corrections of the HOI-R responses are documented on the critical item list printed by the computer scoring routine.

15. Following the redline procedure, those recruits who continue to have significant responses to one or more of the HOI-R critical items, or, whose total HOI-R-R score exceeds the designated cut-off score, are referred to Phase II immediately following Phase I.

16. The psychiatric technician completes the form marking "1" in the Phase II interviewer block if the recruit is to be a NEO.

17. General Record Keeping

a. On a weekly basis send all Phase I data to Lackland AFB. Access to this data is strictly limited (see Enclosure "Red Check").

b. N-AFMET data files are backed up to tape on a monthly basis. Security is maintained in part by establishing and frequently changing, a password to limit access to the computer hard drive files that contain N-AFMET data.

c. Critical HOI-R items are continuously reviewed and validated empirically. The critical item list is subject to changes and publication of the specific item numbers would compromise the security terms of the contract with the Air Force.

PHASE II: Administration of the NEO Five Factor Inventory and Structured Report Interview (SRI).
(For medical accounting purposes, Phase II is considered a patient visitor contact for the technician and a screen for the clinician.)

Population: Any recruit scoring above the designated cut-off score on the HOI-R and who was not returned to duty following the review of the HOI-R items by the psychiatric technician.

Timing: Complete Phase II immediately following Phase I.

Phase II consists of the following:

a. Reading and signing the Privacy Act.

b. Administration of the NEO.

c. Conducting the SRI.

d. Appropriately filling out the data coding form known as the WHMC 3549. (This forms is used for coding and storage of interview results, test scores, and administrative disposition. It is provided by the N-AFMET medical facility.

e. Completion of the medical processing forms SF 600 for medical record entry.

Procedures:

1. Technicians proceed to Recruit Training Command (RTC) testing site.

2. Recruits will be escorted into the testing site using proper military decorum.

3. Provide each recruit with N-AFMET Secondary Medical Record which consists of the following:

a. Blank NEO test form.
b. WHMC 3549.
c. HOI-R Answer Sheet and Privacy Act Statement.
d. Overprinted SF 600.

4. Technicians reads aloud the Privacy Act to the recruits and has them sign it.

5. Technician administers the NEO.

6. Technician fills out relevant identification data on the WHMC 3549. Privacy Act procedures established in Phase I should be followed.

7. Technician scores and plots the NEO.

8. Technician conducts the SRI.

9. Technician fills in NEO and SRI results on the WHMC 3549.

10. Based on NEO/SRI results, recruits are either returned to duty or referred to Phase III.

11. Technician makes the appropriate SF 600 entry: "Returned to Duty" or "Returned to Duty" or "Referred to Phase III." Provide a time and reason for recall.

12. Mental health provider reviews and signs Phase II charts.

13. When screening cannot be completed in one day, recruits who have been referred to Phase III are identified to the psychologist. Following the psychologist's brief evaluation of fitness for holding, as signified in writing on the Recruit Hardcard, the recruit is placed in a temporary holding company until the Mental Health Evaluation is completed. Prior to completion of the evaluation, the recruit is not considered fit for training, should not be subject to the stress of training evolutions and should not be housed with a training company. Psychiatric technicians will provide a recall list for use by the Recruit Division Commander (RDC) or holding company which specifies the day, time and site for the recall. Every effort must be made to avoid holding a recruit for more than one working night.

Referral Criteria:

Refer a recruit to Phase III using the following criteria:

1. One Severe/Profound rating on any SRI item.

2. Recruit scores out of bounds on acceptable scores on any two of the three NEO scores and/or two or more moderate ratings on the SRI.

3. Recruit answers true to particular HOI-R items. These items are constantly under empirical review for predictive validity. Only N-AFMET team members have access to the critical item numbers and content.

4. Recruit has taken any medication for psychiatric illness after the age of 10.

Critical level NEO scores are:

1. Neuroticism score: M: 30+ F: 33+

2. Agreeableness: M: 24- F: 26-

3. Conscientiousness: M: 24- F: 26-

Phase III: Clinical Evaluation.

Phase III consists of the clinician's Mental Health Evaluation of the recruit and results in recommendation for disposition.

Procedures:

1. Recruits are sent by their training division to N-AFMET for Mental Health Evaluation.

2. Technicians gather psycho-social data, fill in narrative summary work sheet, using the prescribed format.

3. Clinician assesses the mental health of the recruit and recommends disposition.

4. An N-AFMET consultation report is completed within 2 working days.

5. Clinician completes diagnosis block on WHMC 3549 using the following disposition codes:

a. Return to duty.

b. Alcohol/Drug Dependent (LSX).

c. Post-traumatic Stress Disorder (PTSD), Male or Female.

d. Hospitalize immediately.

e. Severe Personality Disorder - separate. Personality disorder diagnoses are coded as the primary code if the recruit has concurrent diagnoses.

f. Severe Adjustment Disorder - separate.

g. Any Axis I: Referred to group.

h. Other - non-N-AFMET attrite.

i. GEY (EPTE Axis I).

j. GFE (Suicide Behaviors).

RATING GUIDELINES FOR STRUCTURED REPORT INTERVIEW (SRI)

The following narratives summarize the principal concerns addressed in the SRI interview. These narratives should be used to standardize understandings of what is being measured by each SRI item.

1. Somatic Concern. Concern over present bodily health.

Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have realistic basis or not. Physical symptoms arising from organ functions related to the autonomic nervous system and apparently associated with emotional factors, e.g., skin (itching, rash), musculoskeletal (backaches, tension headache, other aches and cramps), respiratory (asthma, hyperventilation), cardiovascular (hypertension, paroxysmal tachycardia, migraine), gastrointestinal (ulcer, gastritis, colitis, constipation, heartburn), genitourinary (dysmenorrhea, dyspareunia, impotence).

2. Anxiety. Worry, fear, or over-concern for present or future.

Do not infer anxiety from physical signs or from neurotic defense mechanisms. Rate solely on the basis of verbal report of patient's own subjective experiences. Specific criteria for each level of severity:

a. Within Normal Limits (WNL) to Mild: Verbalizes normal concerns for boot camp such as inspections, being recycled.

b. Moderate: Verbalizes more anxiety than the average recruit, either excessive boot camp concerns or ruminating over real problems back home that are not in the recruit's control. Verbalizes that anxiety is interfacing with effective functioning.

c. Severe to Profound: Verbalizes severe tension, anxiety, hypersensitive about perceived failure; admits total inadequacy in the face of boot camp stresses. Over-concern about the future. Usually keeps talking about anxiety even when interviewer changes the topic. Example: "I shake all the time; don't remember anything told to me; I feel I am going to explode I'm so scared."

3. Emotional Withdrawal. Lack of spontaneous interaction, even when talking about topics of interest to the person.

May report a history of isolation, frequently admitting to a deficiency in relating to others. Specific criteria for each level of severity:

a. WNL to Mild: Varies from general enthusiasm to spontaneity only about own areas of concerns.

Recruits who are basically quiet or careful in new relations should still display some emotional involvement with fellow recruits or significant others at home. Example: "Some of us have gotten together and are working as a team." "My friends at home are real important to me."

b. Moderate: Moderate difficulty having to be around so many people at boot camp, prefers to do things alone. May have few friends or superficial relationships. Example: "It takes me a long time to feel close to anyone. I prefer to work alone almost always. I don't like parties or crowds, they make me nervous."

c. Severe to Profound: Recruit displays avoidant or schizoid-like characteristics, reporting no friends and perhaps no interest in friends. Lack of emotional involvement is interfering with boot camp progress. May or may not be associated with a sense of loneliness. Example: "Friends are too much trouble." "I never had any friends in high school." "I can't talk to people, even people who care about me."

4. **Guilt Feelings.** Over-concern or remorse for past behavior.

Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect. Do not infer guilt feelings from depression, anxiety, or neurotic defenses. Guilt feelings concern specific past behavior which the patient currently believes was wrong and the memory of this is a source of conscious concern. Specific criteria for each level of severity:

a. WNL to Mild: Spontaneously verbalizes little or no guilt.

b. Moderate: Moderate amount of remorse consistent or slightly exaggerated for the situation or past behavior. Example: "I blame myself for the way I treated my Dad after my parents' divorce, but we are friends."

c. Severe to Profound: Spends a lot of time excessively blaming him/herself for past events to the point of interfering with current functioning. Example: "I can't stop thinking about how I wasn't there when my best friend killed himself. I feel like it was my fault he killed himself." (With appropriate affect).

5. **Grandiosity.** Exaggerated self-opinion, conviction of unusual ability or powers.

Rate only on the basis of patient's statements about self or self-in-relation-to-others, not on the basis of demeanor in the interview situation. The degree of severity should be relative to the discrepancy between self-appraisal and reality. Specific criteria for each level of severity:

a. WNL to Mild: Verbalizes self-confidence. Mild, youthful over-confidence may be present regarding overly ambitious future goals. Example: "I'm sure I'll do great in boot camp and then go on to (name of a difficult 'A' School), I can do it."

b. Moderate: Cocky, spends a lot of time bragging about personal achievements, patting self on back. May come across as arrogant but still based in reality.

Example: "I was the number one 'athlete' (or whatever in my school. I'll probably be top boot camp graduate." "No one in my high school was as good as I was in (whatever activity)." "The other recruits just aren't as good as I in (whatever)."

c. Severe to Profound: Emphasis is on the conviction of unusual power or abilities that are not matched by history or normal reality constraints. Example: "I usually know what other people are thinking." "I don't need to follow the boot camp rules because I already know how to be a good seaman." "I believe the higher power chose me to be second-in-command."

6. **Depressive Mood.** Despondency in mood, sadness.

Rate only degree of despondency. Do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. It should be rated on expressions of sadness, discouragement, pessimism, helplessness, and hopelessness. Specific criteria for each level of severity:

a. WNL to Mild: Homesick, normal adjustment. Example: "I miss my family and girl/boyfriend."

b. Moderate: Sad affect, cries occasionally in interview, usually about something that is, in fact, sad or discouraging. Moderately pessimistic and overwhelmed. Having a difficult adjustment but may respond positively to a pep talk.

c. Severe to Profound: Severe depression, uncontrollable crying, difficulty functioning in boot camp, suicidal ideation likely. Example: While continually crying, recruit complains, "Its hopeless, there is nothing I can do." "I always fail when I try things." "I just keep thinking about how much easier it would be if I were dead."

7. **Hostility.** Animosity, contempt, belligerence, disdain for other people outside the interview situation.

Rate solely on the basis of verbal report of feelings and actions of the patient toward others. Do not infer hostility from neurotic defenses, anxiety or somatic complaints. Specific criteria for each level of severity:

a. WNL to Mild: no hostility, mild disdain or belligerence verbalized toward other people including authority figures.

b. Moderate: Verbalized a **history** of frequent poor peer relations. May have a history of fights. Example: "Most people are idiots." "If someone tries to start a fight with me, I'll finish it."

c. Severe to Profound: Continuous verbalizations of contempt and animosity. Reports a history of continual problems with peer relations.

Example: "I didn't get along with most of the kids in my school, would just as soon fight them." "Teachers always mess up." "I never listened to my parents, they didn't know anything."

8. **Suspiciousness.** Belief (delusional or otherwise) that others have now, or have in the past, malicious or discriminatory intent toward the patient.

On the basis of verbal report, rate only those suspiciousness to profound delusions of persecution. Specifically:

a. WNL to Mild: Shows no unusual suspiciousness to mild suspicion about typical boot camp fears (usually doesn't personalize it).

b. Moderate: Chronic suspicion over many situations and/or verbalized excess suspicion about boot camp. Example: After reassurance, recruit states, "I believe some of the company members are out to get me in trouble."

c. Severe to Profound: Person's suspicion is well beyond normal parameters, with clear paranoid characteristics. Delusions may or may not be present.

9. **Hallucinatory Behavior.** Can vary from misinterpretations or distortion of a real external sensory experience to sensory perceptions in the absence of real stimulation occurring during the waking state (hallucinations).

Hallucinations can include hearing voices or sounds; seeing, feeling, smelling or tasting something with no external source. Specific criteria for each level of severity:

a. WNL to Mild: No misinterpretations or passing fancies that person knows are not real. Example: "Once or twice when it is dark, I'll see something move and think it is a person and then I realize it is just a shadow." "For a couple of weeks after my girlfriend died, I sometimes would think I saw her in a crowd, but it was just someone who looked like her."

b. Moderate: Frequent misinterpretations of real events, but no hallucinations. Example: "When I walk in the woods, I often see things out of the corner of my eye, but when I turn they are just bushes or rocks." "Sometimes I think about something so much it's almost real, but I know it isn't."

c. Severe to Profound: Person reports active hallucination, currently or in past 5 years. Person accepts these events as real.

Example: "I often hear my name called even when no one is around. Sometimes I see my father instead of the CC."

10. **Blunted Inappropriate Affect**. Lack of emotional reaction to the interview or interviewer, e.g., monotonous voice, poker face. Reduced emotional tone such as apparent lack of normal

feeling of involvement. Emotional expressions are minimal or of marked indifference and apathy. Affect may not fit the situation of the content of speech. Specific criteria for each level of severity:

a. WNL to Mild: Appropriate emotional reaction to quiet and subdued response. May verbalize discomfort about talking about self. Example: "I'm anxious about my performance but am doing O.K. in boot camp (with appropriate affect)."

b. Moderate: Person speaks in monotonous voice despite changes in conversation; maintains little eye contact. Emotional aloofness obvious, even when inappropriate. Example: "I did well in school until my senior year, then Mom died and my grades slipped." (No change in voice or presentation).

c. Severe to Profound: Very marked indifference and apathy. No sense that person in involved in personal narration or interview process. Example: Story of severe and chronic abuse related with no apparent distress.

11. **Alcohol**. Excessive use of alcohol, causing physical symptoms, alterations in mood or behavior, or interference with daily routine or personal relationships. Specific criteria for each level of severity:

a. WNL to Mild: For someone who is 18-20 years old, drinking should be age and culturally appropriate. Drinking can range from none to a few beers on the weekend during social events. Special occasions may be marked by excess alcohol usage but these occasions should be obvious (example: prom. graduation). Example: "I drink once a week on weekends 3-4 beers with friends. A bunch of us got drunk on graduation night but that was the only time."

b. Moderate: Someone who is 18-20 years old drinking even one beer alone several times a week. A history of 2 or more blackouts, a pack of beers nightly on the weekend. May have had one isolated alcohol-related legal incident. Example: "I got an MIP (or disorderly conduct) while drinking. I usually drink a couple of six-packs over the weekend."

c. Severe to Profound: Two or more DWI's, several blackouts, chronic drunkenness, interfering with social relations, school or work performance. May have a history of drinking to excess for several years. Someone who chronically gets violent while drinking or is drinking almost daily to avoid problems; treatment for alcohol abuse. Example: "I've had three DWI's. I get in lots of fight when I drink." "After work I come home and drink two - three six-packs several times a week."

12. **Drugs**. Excessive use of medications (prescribed or unprescribed) or drugs (legal or illegal) to the extent of causing physical symptoms, alterations in mood or behavior, or interference with daily routine or personal relationships. Specific criteria for each level of severity:

a. WNL to Mild: No illegal drug use or experimentation with marijuana one to five times. No abuse of prescribed medication (check for pain killers, tranquilizers, psychotropic medications). Example: "I tried marijuana once." "Never tried any illegal drugs."

b. Moderate: Used marijuana frequently or repeatedly for a given amount of time. Abused a prescribed medication once. May have temporarily interfered with social, school or work performance. Example: "A couple of years ago, I used marijuana for about a year."

c. Severe to Profound: Any use of illegal drugs besides marijuana. If charges of possession of drugs ere brought against person, be highly suspect, even if person denies use. Reports withdrawal symptoms. Chronic use of prescription or over the counter medications. Received treatment for drug abuse. Example: "I was in a drug rehab for 3 months.' "I use "diet/weight-loss medications regularly. It helps keep my weight down."

13. **Antisocial**. Behavior or attitudes that transgress or ignore social sanctions, norms, and expectancies, or legal codes.

Behavior may include lying, stealing, swindling, "conning," fighting, minor or major illegal acts. Attitudes may include indifference toward his/her own or others' antisocial behavior, callousness, hedonism, vanity, or lack of personal responsibility. Specific criteria for each level of severity:

a. WNL to Mild; No reported major antisocial acts or only rarely and these were related to a specific environmental event. Example: "Never did anything that would really get me in trouble." "In 10th grade I got suspended once for fighting but had no problems in 11th and 12th grades."

b. Moderate: inconsistent employment, several fights during school, some legal difficulties (one to two motor vehicle tickets may be present but antisocial element needs to be the dominant theme). Example: "I've been fired from several jobs because I don't get along with co-workers." "I was suspended several times 1 year for talking back to the teachers and fighting, but no problems at work."

c. Sever to Profound: Probably shows 2 or more year history similar to that of an antisocial personality disorder; history of combined acts of truancy, physical fighting with or without a weapon, forced sexual activity, cruelty, property destruction or combined acts of inability to sustain employment, financially faults on debts, no fixed address, lies repeatedly, lacks remorse.

14. **Legal Difficulties**. Behavior can vary from no legal difficulties, traffic tickets, felony conviction, to several terms in prison.

Specific criteria for each level of severity:

a. WNL to Mild: No legal difficulties to few traffic tickets with one to two moving traffic violations. Example: "I've never been stopped by the police." "I've gotten a couple of speeding tickets."

b. Moderate; Several traffic violation, two or more misdemeanors to having spent time in jail once, but charges were dismissed or erased. Example: "I was put in jail for accessory to a crime once, but I did community service and the charge was erased (received a waiver from MEPS)." "Had my license suspended once because of too many traffic violations."

c. Severe to Profound: Two or more arrests. Any felony conviction of frequent contact with courts. Several terms in prison. Example: "Been arrested once for forgery...Boss thought I was stealing from the company and court believed him." "arrested a couple of times for possession of drugs."

15. **Irrational Fears**. Irrational fear of a specific object or situation, (e.g., fear of crowds, heights, animal(s)).

Distinguish this from free-floating anxiety or more general fears (e.g., getting sick, business failure). Specific criteria for each level of severity:

a. WNL to Mild: No irrational fears to mild fear of "ordinary" phobias (snakes, insects, mice, blood-injury phobia). May provoke anxiety but person can still function effectively if needed. Example: "no, I don't like the cockroaches around here. They move too fast."

b. Moderate: Anxiety is much greater, with some symptoms: feelings of panic, sweating, difficulty breathing, tachycardia. Moderately interferes with effective social or routine functioning, even though person recognizes fear is unreasonable. Example: "I get real upset at the sight of blood. When they draw blood, I can hardly breath I get so scared."

c. Severe to Profound: Impairment is marked, significantly interfering with routine or social activities with excessive distress about having the fear. Example: "Can't stand small places, even a small room. I just have to get out right away. Lost a job because of it."

16. **Physical Abuse**. Victimized by behaviors that transgress or ignore social sanctions, norms, or legal codes regarding (1) discipline or (2) childhood/adolescent interaction. Behavior may include neglect, being punched or assaulted, being forced to engage in humiliating behaviors by excessive physical coercion. Specific criteria for each level of severity:

a. WNL to Mild: No reported physical abuse or only rarely with minimal physical (nothing more than bruises) or psychological damage. Example: "scared me at the time, but never happened again." "The local bully got me a few times in middle school." "When my parents were getting divorced 8 years ago, my mom came unglued one time and slapped me 3 or 4 times...she never did it again. I know it was all the pressure."

b. Moderate: Repeated physical abuse with lasting psychological effect, but person can cope moderately effectively and currently does not show signs of abusing others. May show two-three of the characteristics needed for Post Traumatic Stress Syndrome. Or person has lasting but moderate physical damage. Example: "Dad used to get drunk and beat me up about two times a year, so I stay away from people when they are drinking."

c. Severe to Profound: Abuse victim may show more than four symptoms of Past Traumatic Stress Disorder (PTSD). Abuser was probably a family or community member. Example: "I was removed from my parents because of chronic abuse."

Note: Repeated abuse by family members should be carefully evaluated.
Note: For b or c above, list who was abuser, estimated frequency, duration, reported effects (physical/ psychological).

17. **Sexual Abuse**. Victimized sexually with or without additional physical violence.

Can range from chronic inappropriate fondling, molestation, or violent rape. Abuser could be family member, friend or stranger. Amount of violence or terror as well as actual severity of assault must be considered. Repeated sexual abuse is likely more traumatic than one isolated event. Specific criteria for each level of severity:

a. WNL to Mild: No sexual abuse to occasional inappropriate fondling. Although may have experienced some anxiety, terror should not be present. Person at time of interview should show only mild fear, anger, depression, or guilt over the incident(s). Person is passive recipient. example: "No, I've never has anything like that." "sometimes an older cousin would come over and touch me, but after I told mom/dad, it never happened again."

b. Moderate: Was clearly sexually abused at least once or twice, either as a child or adolescent. Common emotions that may be expressed are a mixture of fear and anger, guilt, depression with questions about self worth. Any rape (violent or otherwise) or coercion to actively engage in deviant sexual acts will be classified as at least moderate. May show two-three signs of PTSD. Example: "I was raped when I was 12 by my mom's boyfriend. I still dream about it and don't want to date or get involved romantically." "From the ages of 8-13 my sister used to make me touch and masturbate her. I hate her, but I moved out and feel I'm doing okay except for lots of guilt."

c. Severe to Profound: Victim of chronic sexual abuse, probably by a "trusted" member of the family or community. A rating of Severe-Profound can be applied with/without excessive violence if person show more than four signs of PTSD or if event severely interferes with ability to function effectively. Example: "Dad used to hit me and force sex on me for years until they finally got divorced. I dream about it all the time. sometimes even when I'm awake, I feel like I am there again." "I just try not to thing about it - I never even go in the neighborhood where my dad lives." "I'm kind of paranoid about guys now and get upset over anything that reminds me of my dad."

18. **Emotional Illness**. Age of person and severity of interval situation and type of mental health intervention should be taken into account in determining severity. Specific criteria for each level of severity:

a. WNL to Mild: Reports no personal history of mental health problems or situation-specific adjustment problems. May have seen a school or pastoral counselor occasionally or received brief therapy because of family/academic/interpersonal issues.

b. Moderate: Person reports a history of outpatient treatment more than 6 months but less than 1 year or diagnosed hyperactivity with medication or outpatient psychiatric medication prescribed for more than 3 months. Emotional/mental issues may have moderately impaired person's social/academic/work performance. Note if recruit reports problems are re-occurring in military training.

c. Severe to Profound: Any inpatient treatment which includes psychiatric residential treatment as well as hospitalization (Legal detention facility should be noted under "Legal"). Long term outpatient therapy (over 1 year) because of severe interference with social, family or academic/work life. Recipient of psychiatric medication for over a year should be carefully evaluated.

19. **Suicide**. Specific criteria for each level of severity:

a. WNL to Mild: No history of ideation or occasional thoughts with no intent or plan. No history of gestures or attempts. Example: "When my girl/boyfriend and I broke up, I thought about it, but never made any plans."

b. Moderate: Has had a history of suicidal ideation, with up to one-two gestures. May have "attempted" one time but with high probability of being discovered in time. Currently may have active suicidal ideation, but no plan. Example: "One time I threatened to OD but it was really to get attention." "I think about it off and on, especially when depressed."

c. Severe to Profound: Has attempted suicide one or more times and might have succeeded except for unplanned interruption. Or continuously thinks about it with plan and ability to implement plan. Example: "Lots of times, sat alone at home with the shotgun. Never pulled the trigger, but knew I always could."

N-AFMET EVALUATION AND RECOMMENDATIONS

(Consultation Report)

Date: _____

From: N-AFMET, Mental Health Department, Branch
Medical Clinic, Great Lakes, Illinois
To: Commanding Officer, Recruit Training Command

Subj: SR/URT:
SSN:
DIV
HOI-R NEO = N- A- C-

N-AFMET CONSULTATION REPORT

This ( )-year-old, single, (Caucasian Hispanic Native African American) (male/female) recruit arrived at RTC on ( ). He/she was referred to N-AFMET and evaluated at Phase I and II on ( ) and Phase III on ( ).

REASON FOR REFERRAL: The following information was obtained in the first week of training during the NAVY-AFMET screening process. SNR stated (give the reason in the recruits won words) as his/her chief reason for enlistment.

PAST HISTORY:

FAMILY/SOCIAL HISTORY: SNR reported being the ( ) of ( ) children form a(n) home broken by ( ) (intact/family). SNR maintains a (good/oppositional) relationship with his/her parents. SNR (denied/reported) being the victim of emotional, physical or sexual abuse. SNR had no particular problems establishing and maintaining friendships. He/She does not consider himself/herself to be a loner.

EDUCATIONAL HISTORY: SNR graduated from high school in ( ). SNR did not have problems during his/her school years. He/she (repeated/did not repeat) a grade. SNR did not get into frequent arguments with teachers. He/She did not have a history of truancies, suspensions, or expulsions.

EMPLOYMENT HISTORY: SNR reported a job history consisting of ( ). He/She (reported/denied) having ever been fired from a job for ( ).

LEGAL HISTORY: SNR (denied/admitted to) a history of legal difficulties that included ( ). His/Her past history is also significant for: running away from home; frequent fights; using weapons if fights. He/She did not get in frequent fights. SNR did not engage in fire-setting or vandalism. SNR did not engage in acts of cruelty toward people or animals. He/She did not run away from home.

ALCOHOL/DRUG HISTORY: SNR (denied/described) the use of alcohol as ( ). He/She (admitted/denied) increased tolerance, cravings, alcohol-related incidents and black-outs in regard to his use of alcohol. He/She (reported/denied) drugs.

PSYCHIATRIC HISTORY: SNR (reported/denied) a psychiatric treatment history as ( ). He/She denied having had suicidal ideation, gestures or attempts. SNR suffers from mood swings, chronic depression, phobias or extreme anxiety. He/She described a pattern of unstable intense relationships, impulsive behavior, intense inappropriate anger, self-mutilating behavior, identity disturbance and chronic feeling of emptiness and boredom.

The history before enlistment is the USN, as revealed by SNR, in considered to be essentially reliable. SR (did/did not) report his/her psychiatric history at (MEPS or/MOT). (When SR informed his/her recruiter, <name and location of recruiting station> of his psychiatric history at MEPS and was told_____)

MENTAL STATUS EXAM: Revealed an alert, well-oriented male/female recruit in (no obvious mild moderate significant) emotional distress. SNR's mood was ( ) with a congruent ( ) affect. He/She reported disturbed sleep, poor appetite, decreased concentration, feelings of hopelessness/helplessness, low energy, poor self-esteem and crying spells. Recent and remote memories were generally intact. Speech was clear and coherent and reflected average intellectual functioning. Thought content revealed no current indication of delusions, hallucinations, gross psychotic features nor phobias. Judgment and insight were (poor fair good). SNR denied current suicidal ideation. Suicide risk is judged as low. SNR does not wish to participate in the N-AFMET Coping Group. SNR has (good poor) motivation (does/does not) wish to continue training.

DIAGNOSIS: AXIS I:
AXIS II:

RECOMMENDATION:

GMF/GEY -- AXIS I-EPTE
GMF/GFH -- PERSONALITY DISORDER REQUIRING MILITARY SEPARATION
GMF/GFH -- SUICIDE BEHAVIOR: SERVICE CONNECTED
GMF/GFS -- SEVERE ADJUSTMENT DISORDER STRONGLY RECOMMEND MILITARY SERVICE SEPARATION
GMF/GFE -- SUICIDE BEHAVIOR-PRE-SERVICE
GMF/GEV -- PSYCHIATRIC - SERVICE CONNECTED
LSX -- DRUG OR ALCOHOL DEPENDENT

FOLLOW-UP PLAN:

No further appointments needed.

SNR was taught regarding his/her diagnosis and encouraged to seek professional counseling upon return to home of record.

SNR was advised of the above recommendation and (does/does not) concur.

Clinician Name
Clinician Name Stamp
Clinical Psychologist

NAME:
SSN:
DIV:

STUDENT ACTION CODE (SAC) AND SEPARATION CODE PRIORITIES

The following codes are used to identify separations identified by N-AFMET. In the case of multiple concurrent diagnoses, "personality disorder" is coded as the primary diagnosis in the recommendation for administrative separation and on the AFMTC Form 235.

1. **GMF/GEV:** PSYCHIATRIC - SERVICE CONNECTED: Attrite as determined by duly appointed medical board for psychiatric (service connected) medical reason.

2. **GMF/GEY:** PSYCHIATRIC - PRE-SERVICE: Attrite as determine by duly appointed medical board for psychiatric (pre-service) medical reason (excluding suicidal attempts/ideations).

3. **GMF/GFH:** PSYCHOLOGICAL - PERSONALITY DISORDERS: Recruit exhibits personality traits which preclude effective training as determined by clinical psychologist.

4. **LSX:** DRUG DISCLOSURE: Recruit admits to pre-service drug use which had not been previously disclosed. NOTE: the N-AFMET code 'GMF' is not used to prefix the LSX student action code.

5. **GMF/GFS:** SEVERE ADJUSTMENT DISORDER: Recruit exhibits acute and sudden onset symptoms with extreme agitation or withdrawal, in the absence of an otherwise significant psychiatric history.

6. **GMF/GFB:** SUICIDE BEHAVIOR -SERVICE CONNECTED: Disclosure of suicide ideation, gestures, and/or attempts.

7. **GMF/GFE:** SUICIDE BEHAVIOR - PRE-SERVICE: Disclosure of suicide ideation, gestures, and/or attempts occurring prior to entry into the service.

N-AFMET QUALITY ASSURANCE CHECKPOINTS

PHASE II DATE:_____

	YES	NO	N/A
1. Is the patient identification information recorded on all pages:	Y	N	
2. Is there a recommended disposition with adequate documentation:	Y	N	
3. Is the assessment legible:.	Y	N	
4. Does the SF 600 overprint contain the provider's printed name, title and signature:	Y	N	
5. Is N-AFMET Phase II file complete and proper	Y	N	
6. Is the reason for referral stated (i.e., chief complaint) by technician:.	Y	N	N/A
7. If suicidal, is there a statement made of the examiner's opinion of risk, and was the patient referred to provider:.	Y	N	N/A

PHASE III DATE:_____

1. Is the history of presenting illness and past history recorded in enough detail for differential diagnosis or therapeutic interventions:	Y	N	
2. Is the Mental Status Exam adequately recorded:	Y	N	
3. Is the patient identification information recorded on all pages:.....	Y	N	
4. Is the diagnosis compatible with the MSE	Y	N	
5. Is the recommended disposition compatible with the diagnosis:.....	Y	N	
6. Is there a recommended disposition with indication of plan for follow-up:.....	Y	N	
7. Is the provider's printed name, title and signature on all pages of the consultation report:.....	Y	N	
8. Is N-AFMET Phase III file complete and proper:.....	Y	N	

9. If suicidal, is a statement made of examiner's opinion of risk.....	Y	N	N/A
10. If returned to duty from Phase II and later returned to REU, has a new problem been identified.....	Y	N	

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